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[illegible]

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

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**X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:**

**XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:** FLOOR TILES WILL BE REMOVED USING THE CONTAINMENT WITH NEGATIVE AIR MASHINES. POPCORN CEILING WILL BE REMOVED WITHIN FULL CONTAINMENT ENCLOSURE, ROOFING AND WATERPROOFING/CAULKING MATERIAL WILL BE REMOVED USING WET METHOD, DECONTAMINATION UNIT WILL BE BUILD PRIOR THE REMOVAL. ALL WORKERS WILL USE PPE ASBESTOS MATERIAL. WILL BE KEPT WET ALL THE TIMES DURING THE REMOVAL.

**XII. Waste Transporter #1**

Name: CODI TRANSPORT LTD.

Address: 72 ALLEN BLVD

City: FARMINGDALE

State: NY

Zip Code: 11235

Contact: LORI

Telephone: (631) 694-6001

**Waste Transporter #2**

Name: INSAREN

Address: 185 DEVOE AVENUE

City: YONKERS

State: NY

Zip Code: 10705

Contact: MAREK MAJ

Telephone: (718) 672-04200

**XIII. Waste Disposal**

Name: SOUTHERN ALLEGHENIES LANDFILL

Address: 845 MILLERS PICKING ROAD

City: DAVIDSVILLE

State: PA

Zip Code: 15928

Contact:

Telephone: (412) 442-4000

**XIV. Emergency Demolition** (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.

2. Name of Authority Issuing Order:

Title:

3. Authority of Order (Citation of Code):

4. Date of Order (MM/DD/YY):

Date Ordered to Begin

**XV. Emergency Renovation** (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency:

2. Description of the Sudden, Unexpected Event:

3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

**XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.**

**XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.**

Signature of Owner/Operator

Date

MAREK MAJ V/PRESIDENT

Type or Print Name and Title

**XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.**

Signature of Owner/Operator

Date

MAREK MAJ V/PRESIDENT

Type or Print Name and Title